



CITY OF HARTFORD
DEPARTMENT OF DEVELOPMENT SERVICES
LICENSES AND INSPECTIONS DIVISION



LAUNDROMAT LICENSE APPLICATION

Applicant

Name	
Residential Address	
City ST ZIP Code	
Day-time Phone	
Night-time Phone	
E-Mail Address	

Laundromat Facilities

Owner	
Name of Business	
Business Location	
CT Tax ID #	
Dryers	# of units _____ x \$10.00 = _____ fee
Self Dry-Cleaning Units	Yes / No

- If there is one or more self-dry cleaning units a \$50.00 license fee must be remitted at the time of application in addition to the Dryer fees.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my license and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	